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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Botswana
Support for a comprehensive population programme

Proposed UNFPA assistance:	$3.7 million, of which $3 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Botswana United Nations and United Nations organizations and agencies National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance and Development Planning

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92-10962

BOTSWANA

Demographic facts

Population Total (000)	
Total	1,304
Males	626
Females	677
Sex ratio (/100 females)	92.4
Urban	359
Rural	945
Per cent urban	27.5
Population in year 2000 (000)	1,822
Functional age groups (%)	
Young child: 0-4	20.3
Child: 5-14	29.0
Youth: 15-24	18.4
Elderly: 60+	4.9
65+	3.3
Women: 15-49	22.2
Median age (years)	15.3
Dependency ratios: total	110.8
(/100) Aged 0-14	103.9
Aged 65+	6.9
Agricultural population density (/hectare of arable land)	.56
Population density (/sq. km.)	2
Average annual change (000)	
Population increase	49
Births	63
Deaths	14
Net migration	0
Annual population total (% growth)	3.45
Urban	8.28
Rural	1.27
Crude birth rate (/1000)	43.9
Crude death rate (/1000)	9.5
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.39
Gross reproduction rate (/woman)	3.15
Net reproduction rate (/woman)	2.72
Infant mortality rate (/1000)	58
Life expectancy at birth (years)	
Males	58.0
Females	64.0
Both sexes	61.1
GNP per capita (U.S. dollars, 1989)	1,600

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $3.7 million, of which $3 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Botswana in achieving its population and development objectives. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme, the second comprehensive UNFPA programme of assistance to Botswana, is based on: (a) the Government's population and development aims, as set forth in the draft of the seventh Five-Year National Development Plan; (b) the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission to Botswana in August 1991 which proposed a national population strategy to assist the Government in addressing population issues and to coordinate population and development efforts effectively; and (c) seminars on population and gender issues for Botswana's policy makers and senior civil servants. The seventh National Development Plan states the Government's intention to develop, adopt and implement an explicit national population policy and to integrate population factors into socio-economic development planning. The proposed programme is designed to assist the Government to achieve its population and development goals and is intended to complement and supplement national population activities. The proposed programme coincides with the period of the seventh National Development Plan and with the programming cycles of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

3. The broad objectives of the country programme are to assist the Government: (a) reduce the current rate of population growth; (b) improve the quality of life of families and the entire population; (c) enable parents to determine the timing and spacing and number of their children by providing them with access to information and modern and effective contraceptive methods; (d) increase the utilization and quality of family planning services; and (e) reduce the high rate of pregnancy and school drop-outs among teenage women.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The population of Botswana is characterized by a rapid growth rate, a high dependency ratio, a skewed population distribution and an alarming rural-urban migration pattern. Preliminary results of the 1991 population census record a population of 1.3 million (with a sex ratio of 92

males to 100 females).[1] The population is growing at the rate of 3.5 per cent a year (1988-1991). Due in part to high immigration, the population will double in less than 21 years, a major government concern. The dependency ratio is 107:100. The urban population's annual growth rate is 6.7 per cent. The total fertility rate has declined from 6.5 to 4.8 (1981-1991). If immigration is excluded, the rate of population growth is estimated at 2.2 per cent a year. The infant mortality rate is estimated at 37 per 1,000 live births, and the crude death rate at 9.7 per 1,000 (1991) -- rates among the lowest in Africa. Average life expectancy is approximately 60 years. Although the overall population density is slightly below 3 per square kilometre, the population is highly concentrated in those parts of the country with arable land. The total population density on arable land is estimated at 33.4 per square kilometre. Seventy per cent of Botswana's population is rural.

6. Social and economic factors. Botswana's health situation is remarkable. The national health coverage is estimated at over 95 per cent, one of the best in the region. Between 85 and 90 per cent of these facilities have integrated maternal and child health and family planning (MCH/FP) services, and about 85 per cent of the population is within walking distance of a health facility or service. Because of a shortage of medical doctors, nursing staff are the principal cadre of service providers and are among the best trained in the region. The combination of the above factors with a decentralized health management system, adequate logistics support and a management information system has contributed to the high rate of contraceptive use -- about 32 per cent -- and to a reduction in the total fertility rate. Notwithstanding these achievements, there are a number of concerns. Maternal mortality is estimated at 150 per 100,000 live births, the gap between family planning knowledge (85 per cent) and practice (32 per cent) is large, and 15 per cent of the population are not within walking distance of a health facility. At the current rate of population growth, all cadres of trained manpower will have to be doubled during the decade.

7. Primary and secondary education is free in Botswana. The goal of an 80 per cent enrolment rate for primary education set by the 1990 World Conference on Education for All by the Year 2000 has been surpassed, and much progress has been made towards achieving nine-year basic education, with more than 65 per cent of standard 7 children entering junior secondary school in 1991. University enrolment has risen to approximately 6 per cent of secondary school entrants. The Government also promotes non-formal education for adults, with emphasis on women and on vocational training to supply the skilled manpower required for industrial and rural development. Female enrolment rates are high, averaging 50 per cent in primary and secondary levels, 83 per cent at teacher training colleges, 32 per cent at vocational/technical institutions and 44 per cent at the University of Botswana. Female participation at higher levels is constrained by early pregnancy, which accounts for three quarters of total secondary school drop-outs.

8. Sound economic policies and management, coupled with a rapid growth of mineral revenues, have contributed to a remarkable sectoral and macroeconomic performance. Per capita gross national product (GNP) was estimated at $1,600 in 1989. Real growth in gross domestic product (GDP) has averaged 13 per cent a year since independence in 1966. Investment in the social and economic infrastructure has increased employment opportunities and contributed to improved health and educational opportunities and to the training of much-needed skilled manpower. Prospects for the future are less reassuring. The seventh National Development Plan forecasts that GDP growth will slow to an average of 5 per cent a year over the plan period (1991-1997), with a decline in mining-sector performance, while available resources will be heavily strained

[1]The results of the 1991 census differ from United Nations projections, which are provided on p. 2 of this report. For the sake of consistency, the data presented in this paragraph are based on the findings of the 1991 census.

to provide minimum standards of living for the majority of the population. The diversion of crucial national resources, both human and capital, from investment and job creation to the supply of support services is limiting the Government's ability to promote development. As the population expands, those severely affected will be the 60 per cent of the population considered below the poverty line, the majority of whom live in rural areas and engage in subsistence farming.

9. Botswana is landlocked, and more than two thirds of the total land area is desert. Rainfall is scarce, and drought is a recurring hazard, with major water sources subject to high levels of evaporation. Agriculture, livestock and wildlife are the backbone of the rural economy. However, inappropriate soil husbandry practices, overgrazing and inadequate regeneration measures are intensifying the threat to the fragile physical environment. The rangeland has been highly eroded, and deforestation is extensive. The best agricultural land is also being lost to industry and urban settlement as the population grows and rural-urban migration accelerates. The Government's recognition that rapid population growth is destroying the environment has contributed to its interest in formulating a population policy.

10. The Government's commitment to population and development is clearly outlined in two chapters of the seventh National Development Plan. The Government proposes to formulate an explicit population policy aimed at reducing the high population growth rate. It intends to establish a secretariat located in the Ministry of Finance and Development Planning to service the Interministerial Programme Steering Committee on Population and Development. The Government also intends to transform this interministerial steering committee into a Standing Committee on Population and Development (SCPD). Despite these commendable goals, responsibility for drafting and implementing the policy has not yet been assigned.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA's assistance to the Republic of Botswana began in 1971 with support to the Central Statistics Office to undertake the national housing and population census as well as support for the national family health programme and population dynamics. Extended on a project-by-project basis, assistance totalled $1.8 million through 1986. After a basic needs assessment mission in 1984, the first UNFPA country programme for Botswana was approved by the Governing Council in June 1987, in the amount of $1.9 million for five years (1987-1991), of which $1.2 million was to be provided by UNFPA. Up to December 1991, $1.8 million had been spent.

12. The objectives of the first comprehensive programme were to: (a) strengthen the management of the national family health programme and delivery of MCH/FP services; (b) develop and promote multisectoral information, education and communication (IEC) activities to sensitize political and community leaders about population and development issues and to mobilize high-risk groups to seek MCH/FP services; (c) strengthen the institutional capacity of the Central Statistics Office in population data collection and analysis; (d) strengthen the planning structure to intensify the process of formulating and evaluating population programmes; and (e) strengthen the Women's Affairs Unit of the Ministry of Labour and Home Affairs to plan, manage, monitor and evaluate women, population and development activities.

Maternal and child health and family planning

13. Support to the MCH/FP programme was initiated in 1971, when UNFPA provided assistance for the national family planning programme. In 1973, when the Government took over 50 family planning service delivery points from the International Planned Parenthood Federation (IPPF), UNFPA provided support to

strengthen services. Specific achievements attributed to UNFPA assistance include a strengthened and streamlined Family Health Division to administer and supervise the MCH/FP programme by training core staff in management; strengthened, cost-effective local training programmes covering family life education, the upgrading of clinical skills, and management skills for district senior staff; establishment of a cervical cancer screening programme; and analysis of medical statistics to facilitate management information systems. To a large extent, UNFPA assistance also facilitated the integration of the MCH/FP programme into the national health system.

14. Despite these remarkable achievements, the MCH/FP programme is constrained by the shortage of personnel to staff facilities, especially personnel at the enrolled-nurse level. Nearly half of the health posts are affected. Adjustments have had to be made, therefore, in the roles of personnel -- for example, Family Welfare Educators have taken on clinical functions, including the provision of family planning, and have relinquished some of their original IEC motivational activities. At the central level, the core staff of 10 is inadequate to manage and supervise the established network of activities nationwide. Important segments of the community, including women at the workplace, both rural and urban, remained inadequately covered, and alternative channels of service provision to reach important groups, such as men and out-of-school youth, could not be explored. The quality of services may be negatively affecting family planning continuation rates, and, above all, a sound management system for planning contraceptive use and maintaining contraceptive supplies is not fully in place.

Information, education and communication

15. In the area of population IEC, the UNFPA programme supported seminars to sensitize political and community leaders, especially parliamentarians, chiefs and key civil servants, on population and development issues to facilitate general population awareness and to mobilize at-risk groups to seek MCH/FP services. In addition, media personnel were trained in disseminating population information, and health education staff produced IEC materials and radio programmes. UNFPA supported the Botswana Family Welfare Association in enhancing its family life education and counselling programmes aimed at sexually active young men and women by training its central staff and volunteers as motivators.

16. UNFPA has assisted non-formal IEC activities in the workplace, including sensitizing employers and trade unionists to support IEC activities for an expanded MCH/FP programme. Core project staff have been trained in planning and executing IEC activities and will train District Health Teams and Worker Educators as trainers in the expanded programme. The weakness of the non-formal IEC sector is attributed to the limited capacity of institutions charged with achieving IEC goals, primarily due to staff shortages, lack of counselling and communication skills, low training capacity, weak district-level family life education and a lack of qualitative research, which severely hampers many otherwise excellent initiatives. Consequently, key target groups, such as men and out-of-school youth, are not reached. National and regional IEC strategies, programmes and projects are necessary if institutions such as village development committees are to be used effectively for IEC promotion.

17. The rate of drop-outs due to teenage pregnancies has prompted the Government to call for increased IEC activities in schools and for curriculum revision to address this issue at all levels of instruction, including in teacher training colleges. Under its umbrella project, UNFPA has assisted in the training of core staff of the Ministry of Education through regional workshops, provided IEC materials to schools and teacher training colleges, and supported workshops on population education in selected schools, all to prepare for population education in schools.

Data collection and analysis

3. UNFPA assistance was provided to develop the necessary infrastructure to carry out and maintain the decennial population census. Under the first country programme, UNFPA assisted such institutions as the Government's Central Statistics Office and the Department of Vital Registration along with the University of Botswana's National Institute for Research and the Department of Demography. At the Central Statistics Office, UNFPA support included advisory services for the 1991 population census and training of staff in cartography, data processing, survey methodology and demographic analysis. At the University of Botswana, support was provided for a postgraduate fellowship in demographic studies and materials. At the Department of Vital Registration, UNFPA provided support in a pilot civil registration project to identify gaps and suggest ways of improving the system, to review existing civil registration laws in preparation for expansion and replication of the system, and to train staff at all levels for the system's institutionalization. The fellowships were carried out as planned. The census was completed on schedule and data processing is progressing well; the civil registration project, despite initial delays, is now performing as expected.

19. The PRSD mission identified as major constraints the limited institutional capacity of the many units involved in data collection, primarily due to frequent staff turnover; lack of linkages and coordination mechanisms among the various units; inconsistencies in published data and research findings, casting doubts on the quality and reliability of data; a backlog of unanalysed but relevant data; and limited dissemination of relevant findings by the Central Statistics Office.

Population policy formulation

20. Under the first country programme, although it was anticipated that the Government would formulate a population policy, and the United States Agency for International Development (USAID) had committed sufficient funds for the purpose, the Government decided that more research on attitudes towards population and development issues should be conducted before formulating such a policy. Therefore, UNFPA supported such activities as sensitization seminars for district administrators and tribal chiefs on the need for a population policy, with special attention to gender sensitivities and to the guarantee of women's rights under the law and to improvements in their status; a workshop at the National Assembly for the joint Houses of Chiefs and Parliamentarians, chaired by the Minister of Finance and Development Planning, to adopt resolutions and recommendations derived from the Amsterdam Declaration; participation of one key government official and one parliamentarian at the conference on "African Development within the Context of Rapid Population Growth" (Paris, 1991); and for the Ministry of Finance and Development Planning to nominate staff to participate in a population and human resources development course.

21. At the Government's request and as part of the PRSD exercise, the services of a regional adviser were provided to assist the Government in identifying problems in the seventh National Development Plan's chapters on the integration of population factors in development planning. Among the problems identified were that no institution had yet been charged with responsibility for designing the population policy or implementing recommendations of the two national conferences on population and development. In addition, there was a severe shortage of qualified professional staff. Moreover, the insufficient awareness at district and grass-roots levels of population and development linkages was identified as a critical problem, given the extensive consultations, down to village level, that customarily take place before any important national policy is adopted.

Women, population and development

22. In 1989, UNFPA undertook activities to strengthen the Women's Affairs Unit of the Ministry of Labour and Home Affairs, in collaboration with the United Nations Development Fund for Women (UNIFEM), which contributed funding, and with UNDP's Office of Project Services. The Women's Affairs Unit's overall objective is to contribute to improving women's status and their integration in national development. Specific activities of the Unit include coordination of women's activities at local, national and international levels; promotion of research on the situation of women in Botswana and dissemination of relevant information; liaison with ministries on women's issues; and provision of advice to the Government in addressing these issues. UNFPA supported training central staff in formulating projects and in managing and evaluating programmes; conducting seminars on gender, population and development; strengthening linkages between the Government and NGOs; and promoting research on teenage pregnancy, gender, income generation and traditional attitudes and customs, such as rites of passage and family planning behaviour. Other planned studies included research on law and population concerns of women.

23. The results of these efforts have included a broadened debate on population and family life issues and increasing awareness of their intersectoral nature and their implications for national development; a heightened understanding of the relevance of women's productive roles to national development; and utilization of population data to create awareness and to validate population-gender interrelationships. Moreover, seminars organized by the Unit have effectively sensitized the national leadership on the linkages of gender, population and development, and on research needs in the field.

24. The project encountered problems, however. First, because the national policy on women in development, drafted in 1988, has not yet been approved by the Cabinet, the Unit lacks clear-cut policy guidelines for its activities within the Government. Second, the Unit's advisory committee, the Women and Development Planning and Advisory Committee, has been unable to facilitate strong linkages between the Unit and other ministries at the policy-making level. Third, financial and human resources allocated specifically to women's concerns are inadequate, thereby limiting the Unit's capacity to attract and retain qualified and experienced staff and to train staff on sector-specific issues.

Other external assistance

25. Botswana has attracted increasing external assistance over the years, and, at its current rate of achievement, the nation is envisaged as a future role model for the rest of Africa, particularly in the area of population and development, in which UNFPA and USAID are the main donors. USAID assistance for the period 1988-1993 is expected to total nearly $3 million, of which $2 million is for IEC activities for the MCH/FP programme, and for the promotion of population policy formulation. The remainder is for operational management development, including training of District Health Teams in management of health services.

26. The World Health Organization (WHO) provided assistance in the amount of $458,000 in 1989 and $668,350 in 1990 in the areas of managerial processes, essential drugs and vaccines, health manpower development, MCH/FP, workers' health education, and organization of health services based on primary health care and research. UNICEF provided $2.1 million during 1988-1991 for immunization, child survival programmes, family health educators, training and child care. UNDP provided experts and equipment for the perinatal programme in the amount of $496,000. Under its family health project, the World Bank provided a long-term loan during 1985-1991 of $11 million for the upgrading of major national hospitals. Germany

provided assistance to the population/health sector in the amount of $5.4 million in support of rural health infrastructure and the provision of equipment. The Norwegian Agency for International Development (NORAD) provided support in the amount of $19.9 million in 1984-1991 for rural health experts, particularly District Health Managers and related medical experts and for the AIDS control programme. IPPF is supporting the Botswana Family Welfare Association in an amount estimated at $40,000 a year for local costs. A multi-bilateral donor conference organized by the Ministry of Health to mobilize resources for the AIDS campaign in November 1991 resulted in pledges of more than $2.4 million.

IV. PROPOSED PROGRAMME 1992-1996

27. The proposed UNFPA programme of assistance is designed to assist the Government in meeting its national population and development goals as set forth in the draft of the seventh National Development Plan, including its intention to formulate an explicit national population policy. The policy would be aimed at reducing the high rate of population growth; improving the quality of life of families, particularly women and children; providing necessary information and better access to services for fertility regulation; and bringing direction, cohesion and coordination to the many population efforts currently being implemented. The proposed UNFPA programme would also assist the Government in setting realistic demographic and related targets in order to attain the population and development goals in the Seventh Plan and other declarations and documents.

28. In keeping with the PRSD's identification of priorities within sectors, the following strategies are proposed: formulating and adopting an explicit national population policy; extending family planning services through promotion, development and utilization of alternative channels for the delivery of family planning services, including involvement of NGOs and the private sector; increasing the access of both in-school and out-of-school youth to family planning information and services; formulating a comprehensive IEC strategy linked to other population-related strategies; strengthening the capacity and focus of the Women's Affairs Unit of the Ministry of Labour and Home Affairs to administer and manage women's programmes; enhancing the role of NGOs, particularly those working with young women; and strengthening the skills of the Central Statistics Office in analysis of data and dissemination of findings.

Maternal and child health and family planning

29. Support to the MCH/FP sector would be provided under the Government's proposed strategy of primary health care, which is designed to improve access to health care among those most in need, including the poor, rural dwellers, women and children, and youth. The overall primary health care strategy aims at addressing inadequately served areas; improving the quality and utilization of health care services; upgrading services to ensure effective and comprehensive delivery; improving and expanding manpower training; upgrading secondary and tertiary facilities to meet referral needs; and strengthening intersectoral collaboration.

30. UNFPA would assist the Government in expanding and improving the quality of MCH/FP services nationally through a focus on the establishment and expansion of alternative channels for the delivery of family planning services to reach males, both in-school and out-of-school youth, and underserved rural areas. UNFPA would support community-based distribution of contraceptives as well as channels facilitating service delivery at work sites, rural agricultural enterprises, youth-oriented institutions and established networks of NGOs. Support would be given to selected NGOs to strengthen their institutional capacities to improve the quality of services and management of the MCH/FP programme and training in community-outreach schemes. UNFPA, in collaboration with other donor agencies, would support the provision of adequate contraceptive

supplies and enhance the array of contraceptive methods to widen choice and promote utilization of longer-term methods. Such a strategy should increase the contraceptive prevalence level to the target of 50 per cent by 1996. Although viewed as extremely optimistic by UNFPA, the Government's official policy is to lower the total fertility rate from 4.8 to 3.0 by 1996. Safe Motherhood initiatives would also be supported to combat the high maternal mortality rate. UNFPA would provide a total amount of $1.1 million for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

31. To reinforce the policy development process and the MCH/FP programme and to further reduce the high population growth rate, awareness creation at all levels is vital. In order to broaden IEC beyond its present narrow focus on the health sector to achieve wider coverage with available resources, UNFPA would support hitherto unutilized ministries -- among them, Agriculture, Information and Broadcasting (within the Office of the President), and Local Government and Lands -- and NGOs to develop outreach IEC. The strategy identified, in order of priority, the following target groups: men, students and their parents, out-of-school youth as well as all sexually active adolescents, potential family planning users in both rural and urban settings, and policy makers and leaders at various levels responsible for policy formulation and implementation. Messages will dispel rumours and myths about family planning, promote responsible parenthood, and mobilize high-risk groups and potential family planning users. These IEC activities are vital in demand creation for MCH/FP services. Specific family planning IEC materials will improve the quality of service provision and minimize user discontinuation. In the formal school sector, UNFPA would provide support to the Ministry of Education to institutionalize population and family life education in the curricula of primary and secondary schools and teacher training colleges, including information about AIDS prevention. UNFPA would provide a total amount of $1.8 million for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

32. To improve the availability and utilization of updated and reliable basic population and related data needed for planning at both national and district levels, UNFPA would support the analysis and dissemination of the 1991 population census; the pilot project Improvement of the Vital Statistics System, with technical support by regional teams for development of a viable population database and a repository of reports and research findings; and continued short- and long-term training and retraining of staff within existing structures to undertake demographic research, particularly on fertility and on the impact of sectoral programmes in promoting women, population and development. UNFPA would provide a total of $150,000 for this sector, of which $50,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

33. In line with the Government's expressed concern and intention to formulate an explicit population policy during the current plan period (1991-1996), UNFPA would support the policy development process through intensive awareness-creation campaigns; policy-relevant research in various sectors, including utilization of existing data to ascertain the impact of population on the environment; and training to enhance policy definition and to strengthen the institutional capacity for systematic integration of population variables into the development process. The status of women would be a key component of the national population policy. UNFPA would provide $350,000 for this sector, of which $150,000 would be sought from other sources, including multi-bilateral sources.

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Women, population and development

34. Research, such as the Botswana Family Health Surveys (1984, 1988), and the 1989 census findings have indicated a strong relationship between the education and economic status of women and fertility rates. Greater educational and employment opportunities for women tend to decrease fertility and have contributed to increasing the contraceptive prevalence rate. Hence, the status of women is a key component of any national strategy or policy that aims either at diminishing the rate of population growth or at improving women's health and social condition. Given the strategic role of the Women's Affairs Unit and of NGOs in the effective promotion and implementation of activities affecting women in development in Botswana, and in order for the Unit to have the desired impact on women-related population activities in other sectoral ministries, UNFPA support would be given to: (a) strengthen the Unit's capacity to promote and manage women's activities through relevant local, regional and international training; (b) enhance the roles of women-oriented NGOs, particularly those working with young women, in advancing the status of women; (c) assist the Unit in developing programmes aimed at reducing the incidence of teenage pregnancy and the school drop-out rates of teenage women through enhanced access to family planning information and services; (d) support NGOs in developing and strengthening family life education and peer-group counselling programmes; (e) facilitate training programmes on gender-based research and analysis to improve the skills of producers of data; and (f) promote research on the impact of population and the environment on women. UNFPA would collaborate with United Nations and bilateral assistance agencies in this sector. UNFPA would provide a total amount of $200,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

35. An amount of $100,000 has been set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

36. Because population matters are central to realistic planning, the Government has placed the responsibility for their coordination in the Ministry of Finance and Development Planning, under the Department of Economic Affairs. With the National Population Strategy, developed in August 1991 with assistance from the PRSD mission, for the first time the Government now has a framework for coordinating population assistance. To this end, the existing ad hoc Inter-ministerial Programme Steering Committee on Population and Development will be transformed into the Standing Committee on Population and Development, chaired by the Deputy Secretary for Economic Affairs at the Ministry of Finance and Development Planning and serviced by a secretariat located in this Ministry. With the Government setting priorities for areas of assistance and coordinating its programme, collaboration among external assistance agencies is expected to follow. Cooperation among United Nations organizations and agencies in Botswana is now ensured, and constant exchange of information has been institutionalized by regular meetings of the representatives of the member agencies of the Joint Consultative Group on Policy (JCGP).

Programme management, monitoring and evaluation

37. All projects developed under the country programme would incorporate monitoring and evaluation components. Independent end-of-project evaluations would be conducted for major projects. In addition, all projects would be subject to the standard project progress reports, monitoring field visits and tripartite review

meetings. A mid-term review is also proposed by the Government for the recently developed population strategy. At the field level, the programme would be managed by the UNFPA Country Director under the overall supervision of the UNFPA Representative, who is also the Resident Representative of UNDP. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support-cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

38. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.7 million over the five-year period 1992-1996, of which $3 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,000,000	100,000	1,100,000
Information, education and communication	1,500,000	300,000	1,800,000
Data collection and analysis	100,000	50,000	150,000
Population policy formulation	200,000	150,000	350,000
Women, population and development	100,000	100,000	200,000
Programme reserve	100,000	--	100,000
TOTAL	3,000,000	700,000	3,700,000

V. RECOMMENDATION

39. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Botswana in the amount of $3.7 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $3 million from UNFPA's regular resources, over the period 1992-1996;

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(c) Further authorize the Executive Director to seek to provide the balance of $700,000 of the approved programmed from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Botswana and with the executing agencies.